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FAX TRANSMISSION**DATE:** March 16, 2006**PTO IDENTIFIER:** Application Number 10/003773-Conf. #4625
Patent Number**Inventor:** Gregory R. LLOYD et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-3300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

PHONE: (617) 227-7400**Attorney Dkt. #:** TSQ-001RCE**PAGES (Including Cover Sheet):** 21

CONTENTS:	Fee Transmittal (1 page in duplicate) One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate) Transmittal (1 page) Amendment/Reply (12 pages) Charge \$60.00 to deposit account 12-0080 Certificate of Transmission (1 page)
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LAHIVE & COCKFIELD, LLP
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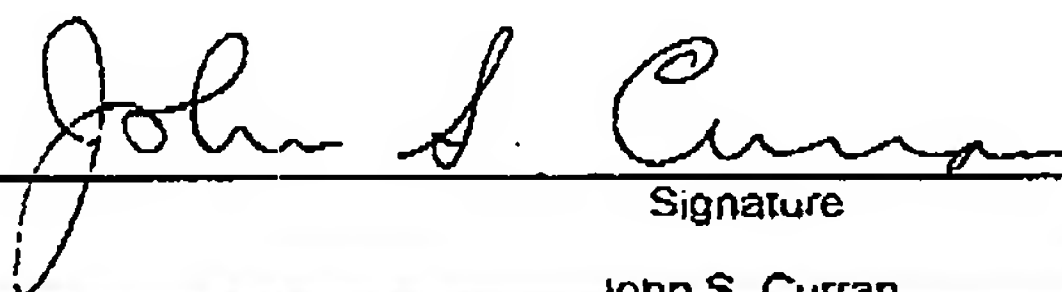
Application No. (if known): 10/003773

Attorney Docket No.: TSQ-001RCE

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Fee Transmittal (1 page in duplicate)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
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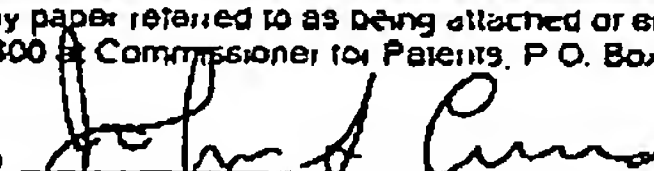
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/003773-Conf. #4625
	Filing Date	November 15, 2001
	First Named Inventor	Gregory R. LLOYD
	Art Unit	2165
	Examiner Name	N. Abel-Jahil
Total Number of Pages in This Submission	Attorney Docket Number	TSQ-001RCE

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below). <input checked="" type="checkbox"/> Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	John S. Curran		
Date	March 16, 2006	Reg. No.	50,445

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	10/003773-Conf. #4625
		Filing Date	November 15, 2001
		First Named Inventor	Gregory R. LLOYD
		Examiner Name	N. Abel-Jalil
		Art Unit	2165
		Attorney Docket No.	TSQ-001RCE
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.13 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
_____		_____	_____	_____		Fee (\$) Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____		_____	_____	_____			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	_____	_____ / 50 (round up to a whole number) x		_____	_____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge) 2251 Extension for response within first month							60.00

SUBMITTED BY			
Signature	<u>John S. Curran</u>	Registration No. (Attorney/Agent)	50,445
Name (Print/Type)	John S. Curran	Telephone	(617) 227-7400
		Date	March 16, 2006

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Dated March 16, 2006	Signature <u>John S. Curran</u> (John S. Curran)